

OFFICE OF STATE TREASURER
UNCLAIMED PROPERTY UNIT
PO BOX 2114
MADISON WI 53701

IN THE MATTER OF

DECLARATION OF HEIRSHIP

Decedent

UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:

1. What is your name, address and relationship to the decedent?

Name

Address

Relationship

2. ☐ Decedent left a will dated _____ ☐ Decedent left a codicil dated _____ ☐ Decedent left NO will

3. If the decedent left a will, ☐ a copy of the will is attached OR ☐ I do not have a copy of the will but it is on file with the Probate Court of _____ County.

4. Was the decedent survived by a spouse? ☐ Yes ☐ No

If YES, give name: _____ Is spouse now deceased? _____.

5a. Did the decedent have any children? (living or deceased; natural or adopted) ☐ Yes ☐ No

If YES, list all names: (If deceased, indicate date of death.)

Name of decedent's children

If deceased, date of death

Child's surviving spouse

5b. For each deceased child listed in 5a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants: (living or deceased; natural or adopted) ☐ **See attached schedules**

Name of deceased child in (5a)

Date of child's death

Name of deceased child's child(ren)

6. If there is a surviving spouse, are all of the decedent's children listed in 5a, also the children of the surviving spouse?

☐ Yes ☐ No If NO, give details: _____

Instructions:

Are there living persons listed in answers to questions 4 through 6?

• If yes, go to question 10.

• If no, go to question 7.

7. Did the decedent leave surviving parents? ☐ Yes ☐ No If YES, list names:

Name

8a. If no surviving parent, did the decedent have brothers or sisters (living or deceased; whole blood, half blood, adopted)? 1 ☐ No ☐ Yes If YES, list all names: (If deceased, indicate date of death.)

Name of decedent's brothers or sisters

If deceased, date of death

Sibling's surviving spouse

8b. For each deceased brother or sister listed in 8a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and the names of his or her descendants: (living or deceased; natural or adopted) ☐ See attached schedules

Name of deceased brother or sister in (8a)

Date of death

Name of deceased brother or sister children

9. If there are **no living persons** listed in questions 4 through 8, list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named:

☐ See attached schedule

<u>MATERNAL</u>		<u>PATERNAL</u>	
Grandfather:		Grandfather:	
Grandmother:		Grandmother:	
Descendants:		Descendants:	

10 Did any of the persons named in questions 4 through 8 die within 120 hours after the death of the decedent?

☐ No ☐ Yes If YES, list names:

Name

ALL CLAIMANTS MUST SIGN THIS FORM AND HAVE IT PROPERLY ATTESTED BY A NOTARY PUBLIC.

NOTARY PUBLIC

Subscribed and sworn to before me this ____ day
of _____, 20__, at _____
County/State

Notary Public

My commission expires: _____

CLAIMANT

Signature

Name Printed

Date